

WRTAC
October 12th, 2012
Community Medical Center

Called to order at 1150 by Dr. Gildea

Introductions made

Previous minutes approved

SQL presentations: Initial discussion of pre-hospital care and triage decisions made by Superior EMS . Stress debriefing for EMS and MCH.

SPH with CMC Multi-Victim Incident:

St Patricks'

(#1) 8yo female. Unrestrained passenger – ejected. Injuries to head, chest and abd. Difficult intubation. Multisystem trauma. OR. Transferred to Harborview. Survived.

(#2) 24yo Female, Unrestrained and pinned , required extrication. Right leg numerous fractures requiring blood and OR intervention

(#3) 6yo unrestrained, ejected. Minor injuries

(#4) 22yo female not ejected. Multi-trauma. DC'd after day 3

Community

(#1) 2yo female. Ejected. Unrestrained. Facial soft tissue injury and skull fracture. DC'd within 48 hours.

(#2) 8yo female. Unrestrained. Ejected. Neck fracture without cord involvement. Bilateral pulmonary contusions. Remained stable . DC'd to home within 48h.

(#3) Infant male ejected in carseat. No seatbelt restraint. Noted irritability and contusion to forehead. Admitted for observation and social reasons.

SPH Continued cases

1. 60yo male fell off roof. Transferred from another facility by flight. Multi-system injury. Unclear communication between hospitals. Pneumothorax.
2. 21 YO male GSW to the back by rifle. Massive hemothorax. Emergency pneumonectomy and thoracotomy . CVA.

Kalispell Regional /NVH

(#1) 2yo fell off battery powered car. Hypothermic. Skull FX, Intracranial bleeding. To SH/Spokane. Craniotomy. SH DC'd to home to hospice care. Time sensitive case.

(#2) 10yo male hit in the face by a mortar (fireworks) Facial injuries. Depressed skull fx, sinus, multiple facial fx's . Consider mechanism.

Discussion pediatric limitations within their facility. What are their resources.

New Business:

(1) Pax Images- when possible push pax. Preferred over sending a disk.

(2) Transfer of morbidly obese patients. Transfer patients with head and chest elevated for interfacility transport when c-spine is cleared. Discussion of difficulties using protective devices to secure c-spine and crew safety. MESI obtaining bariatric equipment. Hospitals should be prepared for the bariatric patient with lifting devices and beds to ensure safety for all.

(3) Communication in smaller communities for EMS and disaster planning.

Old Business:

1) North Dakota Trauma Manual Update- For use of ED providers and staff. Currently being developed to meet needs for the State of Montana. Goal is to have it completed by Systems Conference.

- 2) Improved activation rates in 2011.
- 3) Consider monitoring patients with activations discharged to home.
- 4) GCS and TEMP documentation improvement.

State Report:

New Trauma Services Calendar for 2013 is out and available

Next STCC is November 14, 2012 in Helena or available by conference or tele-med

Re-designations;	Dillon (8/9)	TRF Ronan (10/11) CTF Polson (10/12) CTF Big Timber (11/6) TRF Ennis (117)
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NEW Designation:	White Sulfur Springs TRF (7/19)
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NEW designation reviews;

Terry Havre	TRF (9/27) ATF (11/15)
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Plus Focused reviews

DESIGNATED MT Trauma Facilities: 40!

8	Non-CAH	
31	CAH	
1	Clinic	
		ACS Level II/MT Regional TC: 4
		ACS Level III/MT Area TH: 3
		MT Area TH: 1
		Community Trauma Facility: 7
		MT Trauma Receiving Facility: 25

STCC PI sub-committee is reviewing Trauma Criteria in efforts to clarify and improve requirements as our trauma culture changes.

MT Trauma System Conference 9/12/12 Bozeman was hugely successful !

- 70 attendees!
- Interfacility Transfers, Evidence-based Practice, Distracted Driving, Break outs, Trauma Registrars . Next year; Wednesday, September 11, Great Falls

2012 Rocky Mountain Rural Trauma Symposium 9/12 & 13, Bozeman had 303 attendees. The greatest attendance since history of this symposium!

Web-Based Collector

- Eliminate paper abstract submission process
- Improve data accuracy
- Provide method for internal data reporting
- NHTSA Funds obtained Digital Innovations designing abbreviated web-based version of Collector
- Orientation of regional “super-users”
- Product Implementation to follow
- Facilities not currently submitting will be expected to implement process now that there’s a better tool
- No longer be providing case feedback for PI -allowing facilities to review/identify own PI issues - mature/develop local PI processes

Rural Flexgrant Funds will be used to support training of ICD-9 codes and finance support for physician site reviews.

New ATLS books with new content including: new cases with changed moulage scenarios, new triage and adding heat related injuries to the curriculum.

Hospital Preparedness

Regional/Area Hospitals; \$30,000,

All others; \$15,000

55 apps reviewed, checks out to 28, some in payment system, follow-up for remaining apps

Focused Activities;

- Involvement of hospitals @ community planning level
- Look @ county HVA & determine impact of named hazards on operations
- Update internal; HVAs & revisit preparedness related to those hazards
- Participation in HavBed & MHMAS exercises required
- Region meetings w/planners 10/18-11/16

System Issues

Pediatric neurosurgery

Bariatric Trauma

Air medical guidelines

Anti-coagulated trauma patients

Hypothermia

Fluid resuscitation

Air to ground communication

PM STUDY is 60% complete.

STCC for 2013 is posted on State website.

Injury Prevention: Bobbi at bperkins@mt.gov

Seat belt coalition is still hard at work. Looking for a law to be passed to mandate seatbelts in the State of Montana. Discussion of cultural communities attitude toward seat belts.

Seatbelt Tool Kit on state website

Call out for buckle up awareness

Saved by the Belt process

SBIRT. New toolkit available for practitioners.

24/7 DUI program through the department of justice

Stepping On Train the trainer in Bozeman in Nov.

Preparedness

BDLS

ADLS

Hospital Preparedness Grant

EMS -Children: Looking for a new coordinator/director

Emergency Care Committee:

Education and Finance

TOPICS posted on the EMSTS website. Modules for Peer review/PI, ERTAC Geriatric Module and the North Dakota Trauma Treatment Manual are available For the manual you may also go to <https://www.ndhealth.gov/trauma/>

RN MEETING

- (1) Discussion of types of trauma meetings. Peer Review vs Trauma Committee.
- (2) Trauma Coordinators should be attending Peer Review.
- (3) Evidence Based Practice – presented by John Bleicher.

MEDICAL DIRECTORS AND EMS

Flight frequency of communication between EDP and facilities

Discussion air medical considerations

Immobilization of patients

Transferring of obese patients

Relay weight information to rotar teams.

Next Meeting Jan 11th at CMC.